

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-0524.M5**

**MDR Tracking Number: M5-04-3047-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-14-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The Hydrocodone/Apap was **found** to be medically necessary. The Carisprodol and Temazepam **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 5-15-03 through 12-17-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 18<sup>th</sup> day of August 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

## **MEDICAL REVIEW OF TEXAS**

[IRO #5259]

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### **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

**REVISED 8/9/04**

TWCC Case Number:
MDR Tracking Number: M5-04-3047-01
Name of Patient:
Name of URA/Payer:
Name of Provider: (ER, Hospital, or Other Facility)
Name of Physician: (Treating or Requesting)

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

#### CLINICAL HISTORY

Records from Medical Associates and Dr. M, in Fort Worth, TX were reviewed. Clinical history is that this gentleman was working at his usual place of employment and had to do some lifting and twisting.

He had some complaints of back pain. He has been under the care of Dr. M. He has intense pain and lots of lumbosacral spasms reported. Diagnosis is lumbar strain. The records indicate the patient has been followed up, had subjective complaints of lumbar spasms and tenderness and his diagnosis of lumbar strain are being treated with Lortab 10 and Soma 120. There are subsequent records indicating he is participating in hot pool. There is a patient comfort assessment guide filled out by the patient indicating where he is hurting. There is a pain rating scale of 9 with constant intense pain.

There are subsequent notes on 11/19/03 indicating the patient's occupation in maintenance, interim history, and subjective complaints of lumbar spasms. He continues to receive care.

Also visits with Dr. M on 10/22/03, 09/22/03, 07/16/03, 06/10/03, 05/27/03, and 05/15/03. On that date, there is a history of injury indicating acute onset of lumbar pain secondary to on-the-job accident on 01/26/03. The patient moved things out of the ring, pulled out shoulder with back pain, could not work, and sought medical attention at Concentra, was treated with Celebrex, was working as a full time janitor in maintenance. As of late October 2003, he is still receiving Lortab and Soma (a/k/a carisoprodol and temazepam) to decrease the pain.

#### REQUESTED SERVICE(S)

Hydrocodone/Apap, Carisprodol and Temazepam.

#### DECISION

Based on the records provided, the use of carisoprodol and temazepam are medically unnecessary and are denied; the use of hydrocodone/APAP should be used episodically and is approved.

#### RATIONALE/BASIS FOR DECISION

The medical literature has proven overtime that medications, such as Soma or Carisoprodol while effective as an acute muscle relaxant have

highly addictive qualities and generally are best if they can be replaced in long-term use, the patients that are having acute spasms as in this case with medications such as Zanaflex, baclofen, or other medications for long-acting spasm control.

Use of temazepam as a benzodiazepine is not indicated for chronic or long-term use in the medical literature and is not indicated for lumbar strain as is indicated as the diagnosis.

The use of hydrocodone/APAP for pain control and acute or chronic strain is considered a reasonable treatment, especially if it allows the individual to increase functional status in the workplace. Generally, episodic use not more than four times a day and hopefully only tapering amount is considered reasonable and appropriate. There are other reasons to continue hydrocodone for longer treatment but the records provided only indicate that this individual is being treated for sprain/strain-type injury and that ultimately at some point in time, it would be anticipated that this medication would be completely discontinued generally within the first 12 months post-injury, which is rapidly approaching.